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# A Policy Analysis of the Continuing Education for Pregnant and Parenting Students of the Minneapolis Public Schools

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A Policy Analysis of the Continuing Education for  
Pregnant and Parenting Students of the  
Minneapolis Public Schools

Augsburg College  
George Sverdrup Library  
Minneapolis, MN 55454

A Thesis in Partial Fulfillment of the  
Requirements for the Degree in  
Masters of Social Work  
Augsburg College

Cheryl Rose Zurek  
Spring, 1994



**MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA**

***CERTIFICATE OF APPROVAL***

This is to certify that the Master's thesis of:

Cheryl Rose Zurek

has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree.

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## DEDICATION

Ryan, my most precious gift from God, I dedicate this thesis to you. You have been so patient and understanding about Mommy going to school. Thank you for that and all of your help. I love you. Now that this is all over, I promise we can spend more time fishing together!

## ACKNOWLEDGMENTS

Much appreciation goes to my parents, Ron and Marilyn, my sister, Lisa, and my brother, Duke, for your constant support and love. Without your extra special love and time for Ryan, and strong faith in me, this would not be a reality. Thanks to my Grandma and my other relatives and friends for your love.

I would also like to thank my readers: Mary Lou, for your fun energy as my thesis advisor, and being a wonderful professor; T., for your expertise as a researcher; and, Marie for all of your help this year as my internship supervisor. Thank you all for your time and knowledge.

## ABSTRACT OF THESIS

# A POLICY ANALYSIS OF THE CONTINUING EDUCATION FOR PREGNANT AND PARENTING STUDENTS OF THE MINNEAPOLIS PUBLIC SCHOOLS

CHERYL ROSE ZUREK

SPRING, 1994

Nationwide, pregnant and parenting adolescents are at tremendous medical, social, economic, and educational risk. Pregnancy is the greatest single reason why girls drop out of school. Unemployment and welfare dependency are high for adolescent mothers. Current law mandates that Minnesota schools cooperate with human service agencies in the education planning process and with the needs of pregnant and parenting students.

This research study is an analysis of the Minneapolis Public Schools adolescent pregnant and parenting policy in regards to continuing education. The analysis includes history of the problem, definitions of the issue, underlying values, strengths and limitations of the policy, identification of program strategies, and recommendations to better serve this growing population.

# CHAPTER 1

## INTRODUCTION

Specialized service to pregnant and parenting adolescents have evolved cautiously but continually throughout the last 37 years. Prior to 1957, the Minneapolis public schools offered homework as a means for pregnant students to continue their education. Usually, though, pregnant students dropped out of high school. Married students, then considered emancipated, were also often encouraged to leave school. Adolescent parents, whether married or not, were offered no special consideration.

With the passage of Special Education laws in 1957, homebound services became available to pregnant students after they were absent fifteen days in a row. The Minneapolis public schools' formal program for pregnant students began in 1957 as homebound instruction. By 1961, it became a classroom and group counseling program held in a neighborhood settlement house. In 1968, it was called the Special Education Continuing Education Center and was held five days a week and located in the Holmes school building. This program evolved into the current comprehensive program known as PACE Center (CAPP, 1986).

Services to adolescent parents began in 1974 with the establishment of the North M.I.C.E. program. In 1976, the Minneapolis Board of Education updated its policies to include educational rights to pregnant and parenting students. The policy of the Minneapolis public schools for continuing education for pregnant and parenting students is as follows:

1. Pregnant students have the same educational rights and responsibilities as other students.
2. The Board of Education, recognizing their special condition, provides several options for continuing education for pregnant students. In all instances the choice



of options is determined by the student, the school administrator and the school support staff on the basis of information provided by the student, her parents (or husband), her physician and the social service agencies (if any) involved with her.

The options include:

- a. Remaining in the home school with a regular or modified program.
- b. Transferring to the PACE Center.
- c. Homebound instruction if a physician certified that special health problems beyond those of normal pregnancy preclude attendance at any school.

3. Regardless of educational option, the Board of Education will make available to the student the necessary social work, health and counseling support services to assist her in continuing her education and in dealing with the problems relating to the pregnancy and the postnatal period.

In the Minneapolis Public Schools, a pregnant teenager can choose to stay in her home school, or attend the Pregnant Adolescent Continuing Education (PACE) program. Pregnant or parenting students may choose to attend one of the Minneapolis Federation of Alternative Schools, the New Vistas program, or the Options program. Parenting students may choose a Mother and Infant Care Education (M.I.C.E.) program, or remain in her home school. All of the programs are completely voluntary, but may have waiting lists. All programs offer credits towards a Minneapolis High School diploma, except Options, which is a G.E.D. program. The referrals for the programs may come from school or county social workers, teachers or principals, others outside resources, or parents of the student.

Also in 1976, a multi-disciplinary and multi-agency group called the Task Force on Pregnant Students and School-Age Parents, was asked to review and evaluate programs and services for pregnant and parenting students. They were

also to anticipate future needs, and recommend guidelines and changes necessary for the improvement of services to this population.

In 1982, the School Social Work Services formed the Committee on Adolescent Pregnancy and Parenting to again address and assess the needs of adolescent pregnant and parenting students. The committee made up of twenty-five people representing regular education, special education and support services, were invited to participate in this ongoing coordination effort. The committee objectives were as follows:

1. To increase Minneapolis Public Schools' awareness of the needs of pregnant adolescents and teenage parents, and of available school and community resources to meet them;
2. Seek additional funding sources and community services to expand services as appropriate;
3. Assess and address the needs of pregnant adolescents and teenage parents and identify gaps in school/community services;
4. Improve and coordinate outreach efforts to potential dropouts due to adolescent pregnancy and parenting;
5. Promote educational strategies identified in the literature as having potential for preventing adolescent pregnancy and parenthood.

In 1985, the Minneapolis public schools were participants in a community-wide strategy to address the problem of adolescent pregnancy in the city of Minneapolis. The effort was a result of ten months of discussion, sponsored by the Mayor's office, and involved members of the Coordinating Council on Youth. An 18 hour colloquium was held which focused on three themes: 1) The need for prevention of teen pregnancies. 2) The need to assure comprehensive health care for pregnant teens. 3) The need to provide support for teenage parents and their children.

From 1986-1990, a group called the Teen Age Pregnancy and Parenting Services Coordinating Team met regularly. It was composed of people who were representatives of the district's programs for adolescent parents and pregnant students. They assessed the needs of the population and coordinated their efforts to serve pregnant and parenting students (CAPP, 1990).

From 1991 to the present time, the Committee on Adolescent Pregnancy and Parenting has not been meeting. Efforts from the Minneapolis public schools may have the committee together for the 1994-95 school year.

The writer's interest on the subject of teenage pregnancy and parenting has developed over the years; starting with a high school classmate who became a single parent.. That was nine years ago when there were very few options available to teenage pregnant and parenting students. The year after graduation, a program was set up in that high school specifically for students in that situation. The program was an attempt to keep this at-risk population in school. The program consisted of pregnancy counseling, parenting classes, food programs, life management counseling and on-site full time day care. Since that time, more programs have been started in high schools. As a school social worker, the writer has had the chance to observe how various programs function. The writer maintains an interest in these programs and their much needed benefits.

There are social and personal costs associated with adolescent childbearing--the risks to infant and maternal health, the heightened probability that the young mother will fail to complete her education, a higher rate of stress that may lead to child abuse, and the susceptibility to welfare dependency. Special programs need to consist of effective interventions to help untangle the problems.

According to the Star Tribune (May, 1994) research has shown that the adolescent population is sleep deprived. The Minneapolis public high schools start their days as early as 7 A.M. The adolescent mother may be up at night with

her baby, and still have to be up at 5 A.M. to start getting and her child ready for the day.

Ill infants pose another problem. Most daycare providers will not take a child if he or she is sick, or they may charge extra money if they do. Therefore, the adolescent mother may have to miss school days even if she is emotionally and physically able to come to school. Inflexible school regulations, such as missing an allotted number of days missed each quarter, may lower grades or even subtract credits for the young parent.

There is also a large psychological factor for the adolescent mother returning to school. The fact being that there needs to be emotional and social support in place for her. Teenage mothers who are often poor, also suffer other stressors such as finding and keeping decent housing, buying food, buying clothing, and paying for health care. The student may also feel the social stigma attached to pregnant and parenting adolescents who are often dependent on the welfare system.

The problem of the adolescent who is pregnant for the first time has been recognized and widely discussed among social scientists, politicians, and mental health workers, as well as members of the lay public and popular press. The problem of the adolescent who has had a second or several pregnancies has been largely ignored in comparison. Approximately 17 percent of teenage mothers experience a second pregnancy within one year of giving birth. Approximately half of all adolescent mothers will experience a second pregnancy within 36 months of delivery. The ramifications to those involved in multiple pregnancies in terms of lost education, long term poverty and social dependency, child abuse and neglect, and physical risks to both the young mother and children are well documented (Blinn, 1987).

This thesis will utilize the Prigmore-Atherton policy analysis framework to analyze the Minneapolis, Minnesota Public School system's policy regarding continuing education for pregnant and parenting students. The analysis will address the following questions: Does the policy and its implementation for the continuing education for pregnant and parenting students of the Minneapolis public schools adequately serve this population? Does the policy fit the needs of the young mother through options that deal with problems of truncated education, continued welfare dependency and high-risk infants? The problems of teenage pregnancy are many, stemming from not achieving a high school diploma to lifelong dependence on the welfare system. Most people do not support welfare dependency, but believe pregnant and parenting young women should be able to finish high school, obtain full-time jobs and support themselves and their children. A high school diploma is a step toward becoming self-sufficient, and maintaining a stable income over the poverty level. Tyack (1979) summarized what he feels needs to be done:

Before curtailing one of the few universal commitments Americans have made to the public good...preparing all youth to participate, theoretically, on equal terms, in the benefits of education, it is well to ask if any other public agency can provide social services to so many young people as do public high schools, or if any other institution is so rooted in the aspiration that all future citizens deserve an equal start in life. (p. 55).

## CHAPTER 2

### LITERATURE REVIEW

In 1985, the Guttmacher Institute studied 36 developed countries and found that the United States led nearly all others in the rates of pregnancy, abortion, and childbearing, and was the only one where teenage pregnancy has been increasing in recent years. Teenage pregnancy and poverty go hand in hand. Most adolescent parents are also not married. Almost 75 percent of all American children growing up in single parent families experience poverty for some period during their first 10 years, compared to 20 percent of children in two-parent families. Among children living only with their mothers, sustained poverty for seven or more years is common; among children living with both parents, it is rare.

According to the Star Tribune (1994, February), welfare dependency is seen as a very negative aspect, that people who are poor are bankrupting the country through the welfare system. The fact is that less than 1 percent of the federal budget is spent on AFDC. While the total number of people on AFDC has risen, the percentage of Americans on AFDC has remained at about 4.5 percent since 1970. And the real value of welfare payments has declined by 43 percent since 1970. For a family of three in Minnesota, AFDC pays \$497 monthly, and the poverty line is drawn at \$905. for a family of three.

Most welfare recipients are seen as “shiftless and lazy”. Eighty percent of recipients never attended or finished college, but 54 percent of them work outside of the home (Star Tribune, 1994, February). Our society has a very strong work ethic but biases come into the picture when remembering that 100 percent of AFDC recipients already work more than full-time as parents.

In summary, looking back into history of the welfare system and the attitudes of people in the past, we find that not much has changed. These attitudes help

form a social stigma that adolescent mothers must endure. In the United States, welfare reform is influencing the lives of many teen parents. Most people do not want to help adolescent parents, but do think they should be given a high school education.

Teenage pregnancy is becoming an international issue. As stated earlier, the United States is the only developed country where teenage pregnancy has been increasing in recent years. The Children's Defense Fund (1989), found that nationally, teen parenthood is closely linked to dropping out of school. Statistics show that a person is less likely to be dependent on welfare if the person has graduated from high school. In the United States, only half of the girls who give birth before age 18 or 19 graduate, compared to nine out of ten women who wait until after age 20 to have their first child. Nationwide, two in five girls who drop out of high school report teenage pregnancy as the reason for leaving.

"Poor basic skills and poor educational progress are the best predictors for teen parenthood. Many teen parents drop out of school. However, teen parenthood is both an effect and a cause of poor educational attainment" (Children's Defense Fund, 1989, p.7). During adolescent pregnancy, proper nutrition, exercise, and doctor care and supervision is imperative. There are more risks involved with adolescent pregnancies. Babies born to adolescents are more likely to have lower birthweight than babies born to women age 20 or above. Low birthweight babies are twice as likely to require hospitalization for such problems that accompany low weight, such as underdeveloped lungs. They are also more likely to require rehospitalization because of injuries. Injuries are the leading cause of childhood death in Minnesota. "Serious childhood injuries are sometimes associated with poor parental supervision or childhood abuse or neglect" (Children's Defense Fund, 1989, p. 13).

“When Minnesota teens stop school and work to have and raise children, there are enormous costs to those teens, their children, the taxpayers, and the citizens in the state as a whole. Because they have the responsibility of raising a child, teen parents have even greater needs for social and financial support than their low income or poorly educated classmates, or high education-bound youngsters, where most of society’s support now goes” (p.13). The federal government spent \$25 billion in 1990 for social, health and welfare services to families begun by teen moms.

There is evidence that the incidence of teen pregnancy is on the rise in Minnesota. Compiled statistics from the Minnesota Departments of Health and Education report that in 1992, 190 females under 15 years old became pregnant and 2,661 15-17 year olds became pregnant. In 1992, 5,207 15-19 year olds gave birth. One hundred and eighteen adolescents under 15 years old gave birth. Twenty one percent of births to 15-19 year olds were subsequent births (second, third, etc.) Over four percent of births to teens under 15 years old were subsequent births. The pregnancy rate for under 15 years old increased 8 percent since 1991. Over five percent of 15-19 year old females became pregnant in 1992. Almost 31 percent of these pregnancies ended in abortion and forty three percent of pregnancies to females under 15 ended in abortion in the same year. According to the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting, every day in Minnesota, at least 25 teens get pregnant and 13 have babies. The birth rate for teens increased between 1986 and 1989. Eighty percent of all teen pregnancies are unintended. Half of all teens who give birth drop out of school.

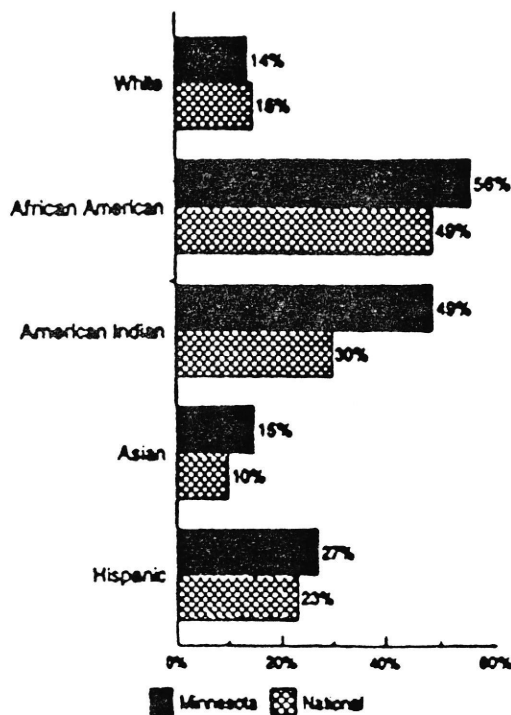
According to Coleman in his book Child Poverty in Minnesota (1994), child poverty is growing in Minnesota and is mainly due to more births to single women who are unable to support their children without going on welfare. See Table 1.



TABLE 1

### Single-Mother Families with Own Children In Poverty

Minnesota and Nation, 1990



Note: Persons of Hispanic origin may be of any race.

Source: Census data

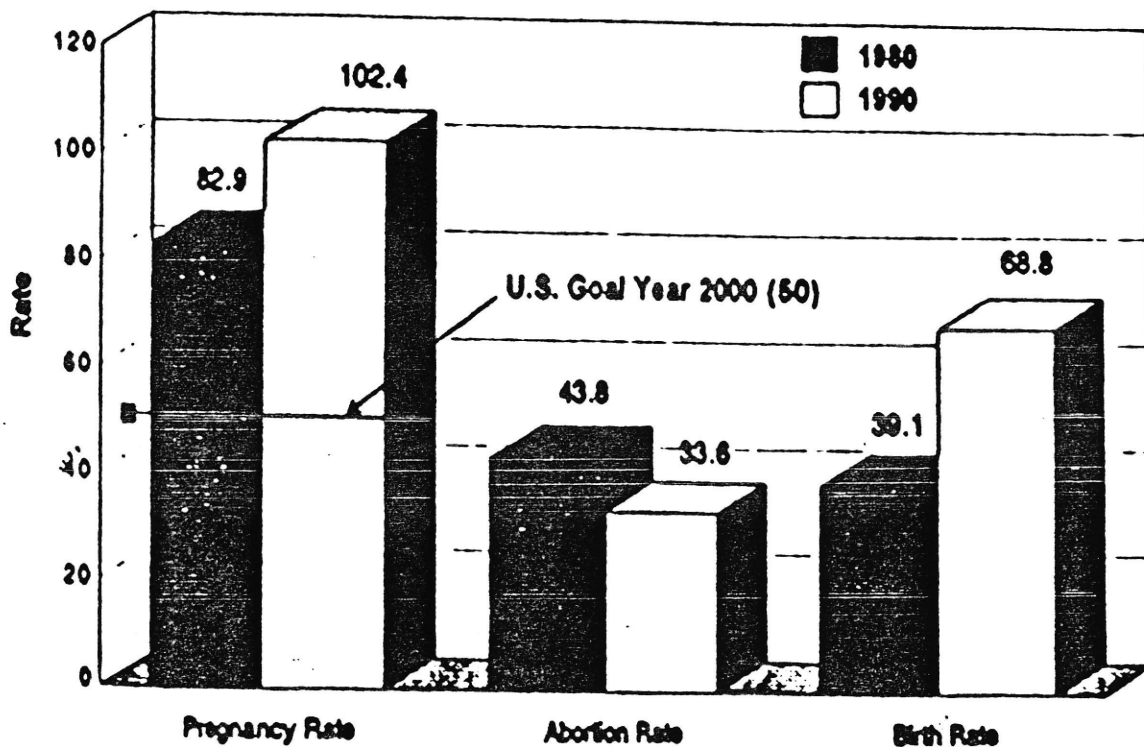
The Minneapolis Public School district is in Hennepin County. Hennepin County has the largest number of babies born to teens, and Minnesota's second highest rate of out-of-wedlock births to teens. According to the Children's Defense Fund, an average of 1,150 babies or 1 in 13 of all babies born in Hennepin County are born to adolescent girls each year. On average, 70.2 percent of these babies are born to unmarried girls. Of the teen mothers in Hennepin County, 217 a year are having their second, third, fourth, or fifth baby. In Hennepin County, 57.2 percent of the mothers have not finished high school. Because having a child too soon affects both schooling and work, many of the children born to teens eventually end up on welfare. In 1989, in this county 52.4

percent of all AFDC families, or 6,595 families began while the mother was a teen.

According to the Minneapolis Department of Health and Family Support (1993), in the city of Minneapolis pregnancies have increased over the past decade. From 1980-1990, the pregnancy rate for young women ages 15-17 increased. In 1990, in Minneapolis, the rate was 102.4 percent. In 1990, there were 530 pregnancies of women 17 years and younger. Also in 1990, 52 adolescents between the ages of 10-14 years old became pregnant. Refer to Table 2.

TABLE 2

**Pregnancy, Abortion and Birth Rates<sup>2</sup> for Young Women (15 - 17 Years)  
Minneapolis, 1980 - 1990**



<sup>2</sup>Rate = 1,000 young women 15 - 17 years

## Second Pregnancies

Second pregnancies are an integral part of the teen pregnancy and parenting problem. Research shows unless intervention is successful during the first pregnancy, a subsequent pregnancy may occur. The financial and emotional hardships that an adolescent mother may experience increase tremendously with more than one child, making it very hard to complete her education.

Mark Roosa (1985) describes three distinct groups of pregnant adolescent school drop-outs. The largest group consists of students who are generally successful in school, whose mothers did not finish school themselves, and whose families of origin have a history of adolescent motherhood. The second group consists of adolescents who want to finish school until faced with a problem or major issue. The third group consists of adolescents who seem to be managing quite well until faced with a second pregnancy.

In regards to second pregnancies, Hiland (1988) found:

- Fifty four out of 356 students in the Minneapolis public school programs for pregnant and parenting students had second live births in the 1987-88 school year.
- Young women who had more children in the five years following their first birth did less well in school, had lower aspirations and tended to come from disadvantaged families.
- Those who have their first child at 17 or younger will have 30 percent more children than those who wait and tend to have them closer together.
- Almost half the teen mothers are pregnant again within 3 years of giving birth.
- Seventeen percent of all teenage mothers become pregnant again within a year of the first birth.

--Second pregnancy rates are much higher among women with incomes less than 150 percent of the poverty level than among higher income women, and higher among low income whites than among comparable African American women.

--Only 20 percent of women who became pregnant the year following their first birth had been trying to get pregnant; however, 70 percent had not used a method of birth control in the month prior to conception.

--By 1981, the rate of repeat pregnancies had risen to more than 31 percent, up from 17 percent reported in 1979.

--Those who marry young are more likely to have a quick second pregnancy.

Blinn (1987) found a social-psychological approach, called "Phototherapeutic Intervention" which she states may help identify underlying factors which contribute to high levels of adolescent repeat pregnancies. Some factors are low self esteem, desire for affection, passivity and dependency, high social criticism, and low educational goals and attainment. Given the increased risk for repeat pregnancies to occur among adolescents who became pregnant at an early age, there is a need for education to continue with contraceptive information and availability, sex education, prenatal and postnatal care and parenting skills. There is also a great need for counseling to improve self-esteem, locus of control, and decision-making to help prevent repeat pregnancies.

The school system plays a crucial role in implementing important factors that may lead to a decreased rate of repeat pregnancies. "The factors reported to be positively related to preventing repeat pregnancy among adolescents include:

- a) amount of small group psychological counseling provided during pregnancy (Kaufman & Deutch, 1967);
- b) degree of educational commitment on the part of the adolescent (Furstenberg, 1976);
- c) amount of training in cognitive problem

solving, verbal and nonverbal communication, and decision making (Schinke, Blythe, Gilchrest, & Burt, 1981); and d) presence of the adolescent's father in the home (Gespert, Brenich, Wheeler, & Krieger, 1984)" (Blinn, 1987).

When the phenomenon of adolescent parenthood originally emerged as a subject for public concern, the first response was to create a program to attempt to solve many of the problems these very young families were experiencing. It included helping them find housing, prenatal and pediatric care, and a means of support. Currently, there is a push to contract with the young mother to plan for continuing education, taking advantage of health care services, improving her employability and parenting skills, and participating in a peer support group (Blum, 1985). Chilman (1979) also adds provision for child care, increased affirmative action, enriched contemporary education, improved sex education and support are needed.

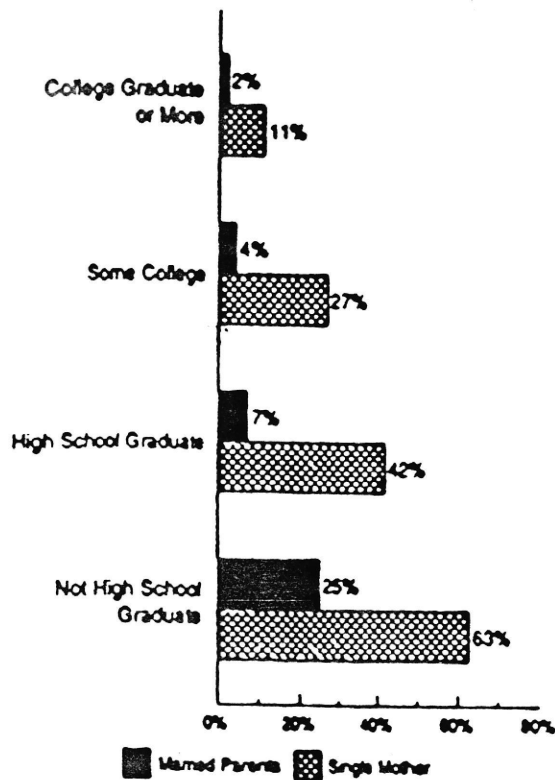
Muir (1990) writes "Society bears the burden of ameliorating the situation. Education bears the burden of provision of services. Strong educational policy needs to be recommended to serve this population...little attention seems to be paid to the needs of youth until they get into trouble" (p. 51). The situation for the young mother still in high school is very complex. Federal regulations forbid discrimination against a student based on her pregnancy or childbirth. Schools may not bar pregnant students from any part of their regular education program even if special programs for them exist. But pregnancy continues to be the most widely acknowledged single factor for females who drop out of school.

In 1989, the Minnesota Legislature expanded the welfare reform agenda to include more AFDC recipients who have not completed their education. Specifically, teenage AFDC parents who have not completed high school must participate in an educational program, be employed, or lose financial benefits. Current law mandates that Minnesota schools cooperate with human service agencies in the education planning process and respond to the needs of pregnant

and parenting students. Refer to Table 3 for the breakdown of United States families in poverty by education.

TABLE 3

**U.S. Families in Poverty by Education**



Source: Census data

Even with a positive attitude and full intentions of completing her high school education after the birth of her child, parenting teens discover there are many new issues that emerge. Quality day care is hard to find. Most adolescent parents do not have incomes high enough to pay for day care, which also tends to limit the choices of providers. Transportation is also a problem.

According to the Minnesota Department of Education, the 1989 Legislation expanded the transportation policy. This made it possible for school districts to legally provide transportation for custodial parents and their children between home, day care and school according to the criteria established by the local school board.

In 1989, the Legislature also established a policy that states that adolescent parents are the highest priority group for the state child care program. Funding for child care for children of adolescent parents is available through county human services and school districts need to work with them to find child care for this population.

Childbearing is associated with high-risk factors for both the adolescent mothers and their developing infants. "These mothers are at risk for shortened education, poverty, economic dependence, low self-esteem, and isolation. Their children are at risk for abuse and neglect, poverty, and social, emotional and cognitive disabilities" (Causby et al. 1991 p. 619). According to Buie (1985), in a study in North Carolina with a specialized school that provides a curriculum adapted to meet the needs of adolescent parents, these high-risk factors decreased. The program consisted of parent-child interaction time, parent training, early childhood growth and development classes, and a positive child care environment while the adolescent mother attended her classes.

There are 800 pregnant and parenting students in the Minneapolis public school system. Three hundred of them have dropped out of school or use the alternative schools. There are many issues involved in continuing education for the pregnant and parenting student. "If these problems are to be addressed, then schools need to look at providing flexible, innovative programs to help pregnant and parenting teenage women to return and remain in school" (Muir, 1990, p. 54).

Muir (1990) administered a Teen Parent Assessment Survey to 130 pregnant and/or parenting adolescent women. Four settings of the Minneapolis public school programs for pregnant and parenting adolescents were used and three sites in the suburbs of Minneapolis. Their responses regarding school issues, family and mental health were compared to the 5,000 female student respondents who had answered the Adolescent Health Survey conducted by the University of Minnesota.

Muir (1990) found that: "Generally, the teenage women who were not parents had a more positive attitude towards school. Performance in school, as reported by grades, did not show a significant difference. Fewer teen parents have positive feelings towards home life or perceive that their family cares. They also report that they have more stress and general dissatisfaction with life. Teen parents believe that they have less concern or care shown towards them by significant adults...Parenting teens evidence more impulsivity, (and) more boredom...than do non-parenting teens(p. 91). Teen parents as a group do not have positive attitudes towards school and family nor the same coping mechanisms as non-parenting teens" (p.64).

Muir also compared urban and suburban teen parents. She found that the average age of the urban sample was 15.8 compared to 16.4 for the suburban. "Race was predominantly minority, 87% of urban, and majority, 95% for the suburban group. The academic grade average on a four-point scale was 2.5 for both groups. The urban group reported that they had missed an average of 3.5 days of school the month before, while the suburban group reported 2.8 days. The age of the grandmother when she first gave birth was 18.4 years for urban and 19.7 years for suburban. There was little difference between the two groups in the age of first intercourse (13.1 years for urban and 13.8 years for suburban). More urban than suburban students lived away from their parents (56% compared to 23%).



The reported age of the baby's father was younger for the urban group (17.8 years) than the suburban group (19.6 years)" (p.67). Both the urban and suburban groups reported that since they have attended a program for adolescent parents, their attendance has been better.

In summary, the literature review shows adolescent mothers are at a very high risk of dropping out of school. There are also many other risks involved such as the health of the infant, and the continuation of poverty for the family. With a mother giving birth in her adolescent years, there is also a much higher chance of there being subsequent pregnancies which make the future even harder for the young mother and her children.

## CHAPTER 3

### METHODOLOGY

Although most programs will accommodate to meet the needs of male teenage parents, the majority of the sole caretakers are female, therefore, this analysis will address only the needs of young female parents. This analysis will use the social welfare policy framework of Charles Prigmore and Charles Atherton to analyze the policy for continuing education of pregnant and parenting students.

#### Prigmore and Atherton's Policy Analysis Framework:

##### \*Considerations Related to Values

1. Is the policy under consideration compatible with contemporary "style"?
2. Is the policy compatible with important and enduring cultural values, particularly equity, fairness and justice?
3. Is the policy compatible with social work's professional value and ethical system?

##### \*Dimensions of Influence

4. Is the policy acceptable to those in formal decision-making positions?
5. Does the policy satisfy relevant interest groups?

##### \*Knowledge Considerations

6. Is the policy based on knowledge that has been tested to some degree?
7. Is the policy workable? That is, can the programs that flow from the policy be carried out in the real world?
8. Does the policy create few problems for both the public and the intended beneficiaries?

##### \*Elements Related to Costs and Benefits

9. Is the policy reasonably effective?
10. Is the policy efficient?

## CHAPTER 4

### ANALYSIS

#### CONSIDERATIONS RELATED TO VALUES

##### Compatibility With Contemporary Style

The following history will highlight some aspects dealing with the issues surrounding the policy in regards to how society has developed it's attitudes. A review of social welfare literature shows that Americans tend not to change their attitudes about welfare from generation to generation. Currently, it is "in" to take sides on the issue of welfare reform. Since so many adolescents are keeping their babies, most will experience using the welfare system at some point.

"Welfare is a time present, action-oriented expression of human relationships" (Morris, 1986). We have a heritage of values that make up our welfare system that still influence the thinking of ordinary citizens and the actions of policy makers. Hubert Humphrey once stated: "The moral test of a government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadow of life, the sick the needy, and the handicapped."

Our society is constantly questioning how and in what ways government should meet human and social needs. Welfare has become a major institution in our modern society as well as in government. Welfare accounts for nearly 20 percent of the gross national product (GNP). Welfare depends on ethical choices made in many arenas of life.

Morris (1986) reported that the importance of American welfare emerged with the late nineteenth and early twentieth century efforts to engage the national government in relief of major social difficulties. "Initial justification for federal

action...was the depth and scope of the Great Depression. Unemployment, hunger, and disease were so widespread that emergency action was clearly called for and would be supported on any of the traditional grounds of charity, of compassion, or protection of society” (Morris, 1986, p.176).

Over the next 30 years or so, the range of national responsibility grew in numbers of the public expenditure, numbers of programs and of various problems that were addressed. The strong federal presence came to a halt in 1980 with the election of a Republican president who revoked national responsibility for social needs. However, because of our society becoming dependent on the government acting on any private economic and social changes that caused difficulties, hardly any area of human welfare is free of some sort of governmental intervention, regulation or aid.

According to Morris (1986), our concepts of welfare are outdated. Welfare reform is a major issue in our society at the present time. We are currently focusing on reforming the system as we know it. However, reform is not wanted or seen as needed, when it comes to programs other than Aid to Families With Dependent Children (AFDC), and other entitlements families in a poverty situation may use (i.e. Medical Assistance, food stamps, and career and educational guidance programs, such as STRIDE). All of these mentioned are mostly used by single or adolescent mothers.

According to Funichello (1993), tax expenditures, which include social security, corporate meals, health care paid for by the business, and other tax breaks for small businesses or the very large corporations, are usually for wealthy of America. Americans who receive these types of welfare also tend to be the majority of decision-makers in the United States. Even though these people are “getting something for nothing” with these welfare programs that assure they will never experience poverty; history shows us that these people do not believe they

should ever give these benefits up to aid anyone else who is low income or is below the poverty level (Morris, 1986). People that fit in the middle and upper classes are living well because of the power levels and welfare biases that exist in our society today. For the purpose of this research, the term “welfare” will be used to mean AFDC and other benefits that teen parents may receive due to poverty.

We have experienced recent changes in our society to include more positive life options for minority groups, such as women, racial minorities and single parents. Concepts of justice and fairness for minorities have changed, and our old concept of welfare is not working. Morris (1986) writes the following in regards to society’s attitude:

Older, moral views about who is “entitled to assistance” are found in a series of surveys which reported a widespread belief that single women without a husband at home who have children and those who have illegitimate children should *not* be helped; only 10 percent of respondents believed that they should receive help or if they are given help they should not be forced to work as a condition for receipt (Jaffe, 1977). Some punitive suggestions were offered by respondents, including compulsory sterilization and institutionalization. The punitive view is further reinforced by the four out of five respondents who would spend what is necessary to help welfare children become productive but disapproved of providing help for their unproductive parents. Being able-bodied and poor was the characteristic least likely to attract substantial sympathy and support. A 1980 survey of 1,202 Americans (Harris, 1980) highlighted the contradictions which persist in all opinion poles over time. While 84 percent of the respondents generally favored cuts in federal spending, 74 percent were opposed to cuts in social security, 63 percent were opposed to cuts in health spending. At the same time, 69 percent wanted cuts in “welfare”--ill-defined as a general category (p. 167).

The policy should be compatible with contemporary “style”. Contemporary style refers to the “climate” about public matters in which communities expect

things to be done accordingly with the present time. However, the policy was adopted first in 1976 and has not been revised since 1984. As the previous statistics pointed out, in the last 10 years the number of pregnant and parenting students in the Minneapolis public schools area has grown a significant amount. Also, many programs have grown in that same time period. This factor along with the current problems confronting pregnant and parenting adolescents are not reflected in the policy.

In regards to the parenting student, the policy states: "Regardless of educational option, the Board of Education will make available to the student the necessary social work, health and counseling support services to assist her in continuing her education and in dealing with the problems relating to the pregnancy and the *postnatal period*." Although it makes it possible for the parenting student to receive these services, it does not separate the different needs of the student upon becoming a parent. Nor does it address the various issues surrounding the new mother and child, such as daycare, proper nutrition, parenting classes, transportation, or timelines on when she is expected to resume her school schedule. Guidelines such as these should be included in this policy. This policy absolutely ignores the special and crucial needs of the student parent and child.

#### Compatibility With Important and Enduring Cultural Values

The policy must be compatible with important and enduring cultural values, particularly equity, fairness and justice. In the Minneapolis public schools, many pregnant and parenting students are minorities. Different cultures set up different ideals and ways of life around adolescent pregnancy and parenting. Students of separate cultures come from different "norms" within their families of origin and vary in degree of support. In the United States, the "norm" for adolescence is a time when students are expected to stay and finish high school. And without at

least a high school diploma, it is hard to find a job that makes enough money to raise a family. The need for more money to raise a family has led to more and more women working outside of the home. American expectations may not be how other cultures deal with this issue. The policy does not show any cultural specific values nor includes any direction to handle differences in culture.

When addressing choice for the young woman, the policy states: "The Board of Education, recognizing their special condition, provides several options for continuing education for pregnant students. In all instances, the choice of options is determined by the student, the school administrator and the school support staff on the basis of information provided by the student, her parents (or husband), her physician and the social service agencies (if any) involved with her." This brings up emphasis on equity, fairness and justice. On one hand, the policy is very outdated in its respect towards women. As it is written, it keeps with the oppression females have tried to get out from under. The policy does not treat the pregnant adolescent as a whole person. Pregnant and parenting women are able to make choices and give information about themselves, their situations, and their needs. The policy may seem to some as if the young women are too passive and may need a male, parent or another person to decide her and her child's future. On the other hand, the contemporary style of social service agencies is to get the teen's parents more involved, recognizing cultural differences which provide the opportunity for different cultural values allowing families and clans to help make decision based on their traditional belief systems.

Minneapolis public schools are presently collaborating with other services such as the STRIDE program of Hennepin County, the Hennepin County Day Care Division, Honeywell, Early Childhood Family Education, Seton/Catholic Charities, Way to Grow and the University of Minnesota Extension Services. The policy points out that the collaboration of such community services is needed and

that the schools should cooperate with social service agencies and the business community so that the best possible care for the students and children is provided.

The policy states: "Pregnant students have the same educational rights and responsibilities as other students." On one side of the matter, the policy makes education possible for this population, but fails to recognize that these parenting students have many more responsibilities than other students. There is usually limited or no time to do homework. Also, if an adolescent mother is in the advanced Intercollegiate Bachelariate (IB) magnet program at a Minneapolis public high school, the rights and responsibilities are not equal. She may want to take a seventh hour IB class, but the Mother and Infant Care Education (M.I.C.E.) day care staff finish after sixth hour. There is also a community service project required for the IB graduate. An adolescent mother may not have the time, energy, or day care services to be able to volunteer her time for this effort. Also, other educational rights are not equal, such as extra-curricular activities which may be impossible with no support, time, or day care.

The policy states the following choices: " a) Remaining in the home school with a regular or modified program. b) Transferring to the PACE Center. c) Homebound instruction if a physician certified that special health problems beyond those of normal pregnancy preclude attendance at any school." If a student decides to stay at her home school during pregnancy, she is *unable* to have any modifications made to her regular schedule unless she is a student who receives Special Education services or is on the Work Program (in which part of the student's day is spent working versus taking classes).

The policy does not go into enough depth about the PACE program. Some aspects that should be mentioned includes the fact that PACE is only located at one site; so some young women may experience long, uncomfortable rides. Also, once the adolescent has her baby, she must leave the PACE program. The policy



needs to be written in what manner the transition postnatal period is gone about, with such information as the adolescent mother is expected back to school in six weeks after delivery.

There are potential problems in equity, fairness and justice with only having homebound services available to pregnant students with medical problems. What if a student suffers from post partum depression? What if her child is ill or in the hospital for an extended period of time? What if she chooses to stay at home with her infant to be with him or her during those precious first months or years?

In part 2-C, it states: "Homebound instruction if a physician certified that special health problems *beyond those of normal pregnancy* preclude attendance at any school." As stated previously, pregnancy with adolescents is not normal for the young woman's physical or emotional state. There may be additional risks to the baby as the adolescent's own body is still growing. This may mean additional hours of physical rest, better nutrition and extra counseling to deal with the effects of pregnancy.

The issue of equity, fairness and justice also brings up the point of how only adolescent women are addressed in the policy. The adolescent males involved in teenage pregnancy and parenting may go through their education without problems. The policy does not take into consideration, nor does it address the special needs of adolescent male students who are parents.

The fact that there are 300 out of 800 pregnant and parenting students in the Minneapolis public school system that choose to use the alternative system or drop out of school may be an indication that the choices available for them are not enough; or, that if there were waiting lists to get in these programs, it is not fair and is a deterrent. The full spectrum of options available, which will be discussed later, should also be listed with their guidelines in the policy.

## Ethical Implications for Social Workers

To examine the policy's compatibility with social work's professional value and ethical system, history of the social work system will be discussed. Social workers were aware that a code of ethics was one of the prerequisites for professional recognition long before the appearance of an actual code was drafted. The development of the code of ethics aided in the transformation of the occupation into a profession. Mary Richmond wrote the first draft code of ethics for social case workers in 1920. In 1922, two key social workers, Mary Van Kleeck and Graham R. Taylor, wrote an article on how social work practice was guided by the ideal service of a client and not by any thought of financial gain. Many years later, all social work organizations merged, and began working on a new code of ethics. It was not until 1960 that the NASW (National Association of Social Workers) Delegate Assembly adopted such a code. In 1979, the same assembly adopted a completely new code that is a clear guidance for practitioners and that is in tune with the realities of contemporary life (Loewenberg, 1988).

Loewenberg (1988) found that "No other profession, with the exception perhaps of philosophy, concerns itself as deeply with the matter of values as does the profession of social work (Brown, 1968). Goldstein (1973) described social workers as 'value laden individuals'. Though the terms 'value' and 'ethics' are often used interchangeably, the two are not identical. Ethics are deducted from values and must be in consonance with them. The difference between them is that values are concerned with *good* and *desirable*, while ethics deal with what is *right* and *correct*" (p. 17). Professional ethics are closely related to general societal ethics. Just as social work values are derived from the values held by society, so professional ethics come from the same sources, but may be different in regards to important details, such as priorities, emphases, intensities, or applications. One

major difference is that social work ethics gives priority to the client's interests over the interests of all.

That is an important issue because clients usually come from powerless social groups, such as pregnant and parenting adolescents. Social workers usually represent these groups. In section VI of the NASW Code of Ethics, it addresses the social worker's ethical responsibility to society. It states that the social worker should promote the general welfare of society by, among others, acting to prevent and eliminate discrimination, against any person or group on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status. It also states that the social worker should act to ensure that all persons have access to the resources, services, and opportunities which they require. Another relevant statement is that the social worker should advocate changes in policy and legislation to improve social conditions and to promote social justice. Policy choices affect the technologies direct-service workers will use. "Whether or not the direct practitioner is conversant with social welfare policy, the public assumes that those engaged in the provision of services can provide useful information about social welfare programs and their consequences. There is a strong professional obligation to be knowledgeable about policy issues" (Gilbert et al., 1993).

The continuing education policy for pregnant and parenting students in the Minneapolis public schools is in line with social work values to provide opportunities for self-fulfillment because the policy provides pregnant and parenting adolescent girls the opportunity to finish high school. As the historical overview pointed out, social work promotes the general welfare of society. By establishing this policy, the Minneapolis public school system is recognizing that there is a problem, and is addressing it; thus providing help to this population.

The policy does state: "Regardless of educational option, the Board of Education will make available to the (pregnant and parenting) student the necessary social work, health and counseling support services to assist her in continuing her education and in dealing with the problems relating to the pregnancy and postnatal period." Social workers would act to ensure that pregnant and parenting adolescents would have access to all necessary resources, services, and opportunities. This policy allows social workers to help empower the client. From a wholistic perspective, social workers might work with the individual student, while also getting their parents involved around pertinent information in compliance with this policy.

The social work profession also values different cultural and ethnic backgrounds which this policy does not address. Social workers counsel from what the client sees as the problem. With this issue, pregnant and parenting adolescents may feel that school is the problem. Some social workers would argue that because of these facts, along with others that will be discussed later, this policy does not go far enough. Therefore, the answer to whether it is compatible with social work's professional value and ethical system may not be unanimous. In this situation, social workers should work to advocate changes to update this policy.

## DIMENSIONS OF INFLUENCE

### Formal Decision-Makers

The policy is acceptable to those in formal decision-making positions. As mentioned previously, the federal law requires that there is no discrimination towards pregnant and parenting students. Current law mandates that Minnesota schools cooperate with human service agencies in the education planning process

and with the needs of pregnant and parenting students. There is also financial support through legislation, such as funding for child care for children of adolescent parents being the highest priority. In 1985, the Mayor of Minneapolis started a community-wide strategy group. Foundations and private sector funding (i.e. Robert Wood Johnson grant, Honeywell, Dayton's, Pillsbury, United Way), which will be discussed in detail later in this analysis, have helped with providing services and monies to support services for pregnant and parenting adolescents.

### Relevant Interest Groups

Some of the general public would agree in helping this population through the school system. An interest group called the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP) that was started three years ago, monitors and works with programs that serve pregnant and parenting adolescents. MOAPPP is very positive about the programs that have been developed from this policy and supports the growth of them. MOAPPP is also a division of the state government and works with the decision-makers of our state.

There is, however, a large amount of the public who see things differently from the enthusiastic supporters. As presented earlier, the history of welfare suggests that people's attitudes have not changed much. Some interest groups and decision-makers support this policy because it enhances the chance of these adolescents that they will not be on the welfare system. Some groups reject the policy because it costs additional money to the school system. Many people do not want to support welfare recipients because they do not want their hard-earned taxes (that already go to their community's school district) to go towards a program that supports "welfare people".

Some critics of the policy are not satisfied because they perceive it as failing to deal with the real problem, that being, prevention. This particular group of people

feel that having this policy is condoning sexual activity and giving teenagers the attitude that it is okay to have pre-marital sex and to be unwed parents. According to Morris (1986), such groups may consist of religious sects or fundamental first, conservative, right wing people. They may also believe the policy encourages adolescents to have recurring pregnancies.

## KNOWLEDGE CONSIDERATIONS

### Tested and Workable in Real World

The policy is based on knowledge that has been tested. As noted earlier, the history of welfare policies and programs, such as during the Great Depression, embodied some of the characteristics as far as helping out with a social concern. Also, in the United States, we are not to discriminate against anyone and should provide equal education to all. Given the history of how the Minneapolis public school system has dealt with the population in the past, providing a policy addressing it is a natural extension.

The PACE program started in the middle of the 1970's when there was considerable knowledge to base reasons for pregnancy programs to be available for adolescents. The growth of programs available since then has been based on the continual need for such programs. However, the actual policy is old. It needs to be updated to reflect the current needs.

The fact that the policy and its programs have existed for twenty years indicates that the policy is workable. The programs that flow from the policy can be carried out to the benefit of adolescents and the community. Part of the reason this can happen is because of collaborative public and private funding. The school district alone does not pay for everything that the policy addresses. In the Minneapolis public school system, funding for pregnant and parenting programs is very diverse.

According to the Minneapolis public school's Budget Department, only 20 percent of all health services (in which these programs are categorized under) are paid for through the school. Special education and regular education funds account for the majority of this. With the Options program, Community Education and Vocational Education funds are also used. The rest of the money is raised by Health Services staff, and some directors of the programs through grant writing. For the Options program, the constant melding of funds and staff from various departments makes them more vulnerable to cuts because they are spread so thin (Year-End Report, 1993).

For these programs to operate, federal and state grants are also used, such as a \$400,000. grant from the STRIDE fund. There are many different private contributors they include: Dayton's, Honeywell, Pillsbury, March of Dimes, and the United Way. Title V of the Minneapolis Health Department provides some money for some daycare staff, as well as Minneapolis Children's Hospital and Medica Insurance.

The multinational corporation, Honeywell, is a partner with the New Vistas school and "Provides space, some supplies and equipment, volunteers and networking with other private and public sector resources. They do not set educational policy but can be effective in helping unclog private and public sector bureaucracies to direct new and existing resources to where they are most needed" (Williams and Ramirez, 1992, p.15). Other contributors include Hennepin County Community Services, United Way, Minneapolis Health Department, Minneapolis Children's Medical Center, Teenage Medical Services (TAMS), IBM, Lutheran Social Services, and Phillips Tender Loving Care (Williams and Ramirez, 1992).

When M.I.C.E. started in 1987, a six year Robert Wood Johnson grant was implemented. Since the grant ended, Minneapolis public schools picked up the mini-bus transportation, and the director and social worker positions. Presently,

Hennepin County pays for day care. The PACE program is funded by MPS and Hennepin County, also. The Minneapolis Federation of Alternative Schools contracts with Minneapolis public schools with a per-pupil ratio that accounts for 20 percent of its funds. The remaining 80 percent of funds needed to run the programs are from state aid and United Way moneys.

The fact that all of these various funders have helped aid the programs from this policy adds to the notion that the policy is meeting its desired outcomes. The amount and variety of contributors is also an indication that these groups believe the policy does what it has set out to do, and they want to be a part of a good cause that has been tested and is workable in our society today.

### Beneficiaries

This policy creates few problems for the intended beneficiaries, except for those already mentioned. Without the policy intact, however, there would not be programs grown from it to benefit pregnant and parenting adolescents. Some people believe this policy supports pregnant and parenting adolescents in a way that may help deter second pregnancies. Currently, the programs under the Minneapolis public school's policy for pregnant and parenting adolescents are:

#### Home school

If a student chooses to stay at her home school during pregnancy, she will have her regular classes. After the birth of her baby, she will be expected to return within six weeks. Students who choose to stay at their home school while parenting will have to have outside day care. The school social worker for that particular school, along with the school nurse can provide counseling, support and referrals to other services. In schools where a M.I.C.E. program is held, the social worker or mental health worker may facilitate special non-M.I.C.E. participant peer support groups. School-based health clinics are located in all seven of the



Minneapolis public high schools. The clinics provide comprehensive health care which includes services for pregnant and parenting adolescents and their children.

#### Alternative school

The Minneapolis Federation of Alternatives Schools, Inc. (MFAS) is in an educational partnership with the Minneapolis public schools. They hold programs for at-risk students including pregnant and parenting adolescent women. The following schools are a part of MFAS: Center School, Menlo Park, The Minneapolis Urban League, The City Schools, Loring-Nicollet-Bethlehem, MERC School, and Plymouth Youth Center. These programs teach classes dealing with building skills in life management, occupational, personal, social, and familial responsibilities. Some sites offer on-site day care and parent education. Plymouth Youth Center (PYC) has a teen parenting program and the participants use the neighborhood M.I.C.E. program for day care. PYC also has year-round recreational groups for adolescent parents.

#### PACE

PACE has been in operation for 30 years. PACE has one program and is located in downtown Minneapolis. Students may enroll at any time during the school year. Annual enrollment is approximately 200 pregnant adolescents, with 100 students at any one time. The ages of students that have attended PACE range from eleven to twenty-one. PACE supports the academic curriculum as well as the special needs of pregnant students. Parenting, nutrition and childbirth classes are held so the pregnant adolescents receive valuable information on labor and delivery, and infant growth and development.

A public health nurse is assigned to PACE by the Minneapolis Public Health Department and provides individual consultation and health supervision. There is also a guidance counselor at PACE who assists each student in developing an educational plan. The social worker helps the students prepare for transition into

other schools and services or agencies which benefit young mothers. PACE also works closely with a variety of other agencies and organizations in the community. There is day care available at PACE for the infants of students who are in the middle of a quarter when they return after delivery. Twelve percent of the student population is attending PACE with their second pregnancy, so day care may be used for the students' other children as well. Students who attend PACE are of various ethnic backgrounds, with the approximate percentages as follows: 60 % African American students, 25% South East Asian students, with the remaining 15% being Native American students, Caucasian students, and students with other ethnic backgrounds. PACE offers English as a second language for non-native speakers.

#### New Vistas

New Vistas is a partnership program with the Honeywell Corporation and has one site in South Minneapolis. The program was started in 1990 and presently has the capacity for 60 students and their children. The students entering must have achieved ninth grade credits. The self-paced academic program includes using computers, and parenting education classes and working at the on-site day care. Besides the school nurse and social worker that are on-site, New Vistas offers transportation to and from the school for doctor and other appointments. The program also has many health and human service partners, including mentoring from some Honeywell employees (Williams and Ramirez, 1992).

New Vistas mission is to assist teenage pregnant and parenting students to become good parents by properly nurturing their children's growth and development while at the same time continuing their education in order to gain self-sufficiency. "The program and the setting are designed to provide maximum stimulation and support for these students to encourage them to make higher education a part of their vision" (Williams and Ramirez, 1992, p.8). "There were

19 students in the 1992 graduating class. Sixteen of those students (were) entering post-secondary education programs” (p.26). In the first two years, the program had enrolled 63 students whose racial composite was: 54% African American students, 28.5% Caucasian students, 8% Native American students, 4.8% Asian/Pacific American students and 1.6% Hispanic American students (Williams and Ramirez, 1992).

### Options

Options is a half-day G.E.D. program that was started in 1985. The Options program operates at two locations in Minneapolis, Lehmann and Pratt Centers. According to their year-end report, during the 1992-93 school year, 167 mothers and 245 children were enrolled at Options. The racial composite of the 167 students was 67% African American students, 20% Caucasian students, 10% Native American students, 2% Hispanic American students, and 1% Asian American students. The age of the student to obtain a G.E.D. is 19, but Options obtains waivers for parents as young as 16 with special circumstances. Such a circumstance may be a young woman having her second or third child and is not making it in the more traditional settings. Options has a partnership with Early Childhood and Family Education (ECFE) whose teachers make home visits to each student. ECFE also provides a parenting support group and a parenting interaction group each week in which the students participate in.

### Mother and Infant Care Education

There are three Mother and Infant Care Education (M.I.C.E.) programs housed in high schools; one is held at South High School, the second is held at North High School and can serve 32 students, and the third is at Southwest High School and serves 18 students. All three have on-site day care provided for the student's infants aged six weeks to two and a half years old. The major emphasis of the M.I.C.E. program is the development of parenting skills. One hour a day in the

day care center is required so adolescent parents can interact with their own and other children under the supervision and direction of the Child Development Technicians. Another hour a day, the M.I.C.E. participants have a parent interaction group which supports the adolescent parents with teaching and peer support for the many issues and concerns that the students have. The other four hours are high school classes. According to the 1992-93 Southwest High School M.I.C.E. year-end report, a total of 138 adolescent parents and their children have been enrolled since 1987 when the program started at Southwest. During the 1992-93 school year, 27 student parents were enrolled, of that number, 19 were African American students, 5 were Caucasian students, and 3 were Asian American students.

Junior M.I.C.E follows the same criteria as the other M.I.C.E. programs but is for seventh and eighth grade students. The program is held at Franklin Junior High School in Minneapolis.

Neighborhood M.I.C.E. in conjunction with Hennepin county, provides family day care to teen parents enrolled in and attending classes. The day care providers are located near all of the high schools and some alternative school sites. In 1993, there were 46 separate homes that provided Neighborhood M.I.C.E. day care.

Given these growing number of resources and programs, available to the pregnant and parenting adolescent this policy is effective. When examining the fact that without this policy, some pregnant and parenting students would have to quit school, this policy is efficient. The programs give the pregnant and parenting mothers a chance at keeping with their education. Students who have certain circumstances as these parents have, the stress may be too much to ever graduate from high school. Pregnant and parenting students are obtaining their high school educations with the valuable help of these programs. In the 1992-93 school year, the Options program graduated a total of 47 out of 167 adolescent mothers, and the

Southwest M.I.C.E. program graduated 7 out of 27 students. For the New Vistas program, 24 students graduated in the first two years. Twenty of those students went on to a post secondary education (Williams and Ramirez, 1992). In terms of the programs, they have gone way beyond the policy guidelines. They not only support the pregnant and parenting adolescents with an education, but provide them with a positive vision of the future.

## ELEMENTS RELATED TO COST AND BENEFITS

### Policy Effectiveness and Efficiency

A policy is effective if it's outcomes serve the population. The policy of the Minneapolis public school system in it's regard to pregnant and parenting students is effective. The adolescent pregnant and parenting population is at a very high risk for dropping out of school. The policy offers the pregnant and parenting mother continued education, social work, health, and counseling support services. With the programs now available, it delivers these services and more.

Transportation is available for the students and their children, as well as valuable parenting instruction and peer support classes. Pregnant teens also need proper support, which does happen through Minneapolis public schools programs. After the birth of a baby, quality daycare is hard to find. Through the programs offered, licensed day care is available. The Minneapolis public school budget constraints are eased by public and private cooperation and volunteer help.

The policy and its implementations serve this population, but there are some problems. The policy does not address any preventative methods of teenage pregnancies. This needs to be addressed further. Although the funding is from many different "pots" the budget remains vulnerable to budget decisions over which Minneapolis public schools have no control.

With a stop to some funding, a program or part of it would have to end until further financing could be secured. The benefits of the programs may vary from one to the other, also. With some alternative programs, adolescent mothers may be missing out on learning valuable parenting skills. The Committee on Adolescent Pregnancy and Parenting (CAPP) has not met since 1991. Except for the end of the year reports drawn up by the some of the programs, there are no recently compiled statistics on the programs.

The policy does not address qualitative issues; however, the Neighborhood M.I.C.E. program is a move in that direction. According to Magid and McKelvey (1989), there should be one parent or guardian at home with an infant from birth to at least two years of age to ensure proper bonding. This person should be the infant's primary caretaker. In most cases, this would mean the adolescent mother. If she is expected to be home with her child for the majority of his or her day, isn't it too much of society to demand that the adolescent mother still maintain a full school day schedule as soon as the baby is 6 weeks old? If a student's child is ill or in the hospital for a great length of time, situations which require the mother's continued presence, the adolescent mother should be eligible for homebound services to spend as much time as possible with her child.

The policy does not address specific cultural needs. Not acknowledging cultural differences is one form of continuing oppression. One example of a cultural issue that the PACE program is currently dealing with is helping South East Asian pregnant adolescents. In South East Asia, people marry much younger than Americans do. In South East Asian cultures, it is normal for an adolescent woman to begin her responsibilities as wife and mother; and, her husband to work and support the family. Educating women may not even be a value in some cultures. Since American culture stresses education during adolescence, cultural clash may develop. Since the policy does not address the issue, there is no

direction to help the programs to accommodate the different cultural backgrounds of the student.

The policy does not address adoption as an option for the teen parent. More emphasis needs to be put on adoption services and support. Programs need to be in place for services and support for the students who do choose to place their children for adoption.

Society's negative attitude towards adolescent pregnancy and parenting that this can end up affecting the mothers' and children's' self-esteems. There needs to be celebration along with the pregnancy and parenting moments.

## CHAPTER 5

### RECOMMENDATIONS

Some recommendations to the Minneapolis public school in dealing with continuing education for pregnant and parenting students are as follows:

- Keep up with early education and experiment with other prevention methods, including how other cultures deal with this issue.
- Develop new models to help with surrounding issues, such as recurring pregnancies.
- Continue collaboration of business and social service agencies for funding and volunteering, along with securing a larger amount of the school budget to go towards assisting the programs.
- Have speakers talk to high school students such as a single parent who had child(ren), or chose to place her child for adoption while in high school to share experiences and answer questions.
- Be culturally responsible and responsive.
- Get other significant people involved, such as grandparents and adolescent males. This may include support groups or individual counseling for them.
- School board members and administrators should use the information and advice from the history with this issue and the adolescent parents themselves; and, keep an open mind with new ideas on policy and practice.
- Teachers and other staff that work with this population should help ease the negative criticism around this policy by explaining how society benefits from it in the long run.



--For additional resources to assist this population and their children, there is a booklet put out by the Adolescent Pregnancy and Parenting Project entitled: Minneapolis Public Schools Consortium of Private Agencies.

Although this analysis focuses on adolescent mothers, the Minneapolis public schools need to address teenage fathers. According to the book Teenage Fathers (1988), Robinson states that recent studies have shown:

- 91 percent of adolescent males said they would provide financial support
- 75.6 percent of teen fathers help by giving money
- 87 percent want to participate in child care
- 85.3 percent help with transportation and gifts
- 96 percent plan to maintain close contact with the mother and child
- 81 percent of teen fathers still date the mother during pregnancy and after childbirth

However, the 1990 Census reports that only 1.5 of every 10 men in Minneapolis care for their children until they are grown. It also reported that 2 of every 10 men try to take care of their children, but eventually give up. The remainder have little or nothing to do with their children, the Census shows. Is it possible to improve these statistics by starting to address how to support them through the school system? In the long run, this would be supporting the family unit.

Teen parents often lack a positive vision for the future. This policy offers education to help with future goal-setting. As stated earlier, though, there are 800 pregnant and parenting students in the Minneapolis public school system. This may be an indication that the programs did not have enough room for them, or that the programs offered were not tailored enough to their needs. The policy and its implementations do serve this population, but could do it much better.

## APPENDIX

STUDENTSContinuing Education for Pregnant Students

1. Pregnant students have the same educational rights and responsibilities as other students.
2. The Board of Education, recognizing their special condition, provides several options for continuing education for pregnant students. In all instances the choice of options is determined by the student, the school administrator and the school support staff on the basis of information provided by the student, her parents (or husband), her physician and the social service agencies (if any) involved with her. These options include:
  - a. Remaining in the home school with a regular or modified program.
  - b. Transferring to the PACE Center.
  - c. Homebound instruction if a physician certified that special health problems beyond those of normal pregnancy preclude attendance at any school.
3. Regardless of educational option, the Board of Education will make available to the student the necessary social work, health and counseling support services to assist her in continuing her education and in dealing with the problems relating to the pregnancy and the postnatal period.

Policy  
adopted: 1/27/76  
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MINNEAPOLIS BOARD OF EDUCATION  
Minneapolis, Minnesota

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